

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/13/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>292516</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/04/2009</b>	
NAME OF PROVIDER OR SUPPLIER  <b>DIALYSIS CLINIC INC - ELKO</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1995 ERRECART BLVD 100 - 101 ELKO, NV 89801</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
V 000	INITIAL COMMENTS  Surveyor: 10031 This Statement of Deficiencies was generated as the result of a Medicare survey to add an additional service to the certification profile. The survey was conducted at your facility on 12/3/09 through 12/4/09 in accordance with 42 CFR Part 405.  The census was 2. 2 clinical records were reviewed. 1 patient was interviewed.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The following regulatory deficiencies were identified:			V 000			
V 584	494.100(a)(2) TRAINING  [The training must-] (2) Be conducted by a registered nurse who meets the requirements of §494.140(b)(2);  This STANDARD is not met as evidenced by: Surveyor: 10031 Based on staff interview and review of the personnel file, the facility failed to ensure that the nurse responsible for the home training of the peritoneal dialysis patient met the requirement of having an additional three months experience working as a nurse in the specific modality in which she was providing training. (Employee #1)			V 584			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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V 584	<p>Continued From page 1</p> <p>Findings included:</p> <p>Employee #1 had been employed in the unit as a hemodialysis nurse on two occasions, most recently since 9/15/08. She had no previous experience or training in the modality of peritoneal dialysis.</p> <p>An interview via telephone was conducted with Employee #1 on 12/4/09 at 10:10 AM. She disclosed that she had gone to a sister unit in May and spent two days observing dialysis of a peritoneal dialysis patient by another trainer. She attended a five day training in Nashville, and a final training at a corporate presentation in California for three to four days. All of the training consisted of computer work, lecture or demonstration. There was no hands on experience with actual patients.</p> <p>Employee #1 began training her first patient in early October. The employee acknowledged that there was no other experienced staff involved in the education and training of the patient and that she "did it the way that she had been shown."</p> <p>Approximately two weeks ago, a second patient began the home training program. This patient had previously been trained at another unit. His home training program consisted of reviewing his knowledge and educational levels. The unit manager confirmed that there are an additional five to six patients waiting to begin the home training program in peritoneal dialysis.</p>			V 584			